

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
03-017

2. STATE  
Kentucky

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
10/16/2003

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR 424.57, 440.100, 447.200-205, U.S.C. 1396 a-d

7. FEDERAL BUDGET IMPACT:  
a. FFY 2004 \$(576,682.00)  
b. FFY 2005 \$(814,140.00)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Pages 7.1.2, 7.1.3, & 7.4.1  
Attachment 3.1-B, Pages 1, 16, & 27  
Attachment 4.19-B, Pages 20.7 & 20.8

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A, Pages 7.1.2, 7.1.3, 7.4.1, & 7.4.2  
Attachment 3.1-B, Pages 1, 16, 27, 28, & 29  
Attachment 4.19-B, Pages 20.7 & 20.8

10. SUBJECT OF AMENDMENT:

Dental Services Coverage and Reimbursement

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

X OTHER, AS SPECIFIED: Review delegated  
to Commissioner, Department for Medicaid  
Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Mike Robinson*

13. TYPED NAME: Mike Robinson

14. TITLE: Commissioner, Department for Medicaid Services

15. DATE SUBMITTED: 12/18/03

16. RETURN TO:

Frances McGraw  
Eligibility Policy Branch  
Department for Medicaid Services  
275 East Main Street 6W-C  
Frankfort, Kentucky 40621

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
December 18, 2003

18. DATE APPROVED:  
February 20, 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
October 16, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

*Hugh T. Webster for Renard Murray*

21. TYPED NAME:  
Renard Murray

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children's Health

23. REMARKS:

Approved with the following changes to Item 8 and Item 9:

Delete reference to Attachment 4.19-B, Pages 20.7 and 20.8 (authorized by State Agency  
e-mails dated 02/02/04 and 02/12/04).

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4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found.

A. Dental Services

Kentucky will comply with the requirements in Section 1905 of the Social Security Act relating to medically necessary services to EPSDT recipients. For services beyond the stated limitations or not covered under the Title XIX state plan, the state will determine the medical necessity of the EPSDT services on a case by case basis through prior authorization.

A listing of dental services available to recipients under age 21 is maintained at the central office of the single state agency.

Services not listed will be pre-authorized when medically necessary for EPSDT eligible recipients.

(1) Out of Hospital Dental Services

A listing of dental services available to recipients under age 21 is maintained at the central office of the single state agency.

Services not listed will be pre-authorized when medically necessary for EPSDT eligible recipients.

(2) In Hospital Dental Services

A listing of dental services available to recipients under age 21 is maintained at the central office of the single state agency.

Services not listed will be pre-authorized when medically necessary for EPSDT eligible recipients.

(3) Oral Surgery Dental Services

A listing of oral surgery dental services available to recipients under age 21 is maintained at the central office of the single state agency.

Services not listed will be pre-authorized when medically necessary for EPSDT eligible recipients.

B. Hearing Services

(1) Audiological Benefits

- (a) Coverage is limited to the following services provided by certified audiologists:
  - i. Complete hearing evaluation;
  - ii. Hearing aid evaluation;
  - iii. A maximum of three follow-up visits within the six month period immediately following fitting of a hearing aid such visits to be related to the proper fit and adjustment of that hearing aid; and
  - iv. One follow-up visit six months following fitting of a hearing aid, to assure a patient's successful use of the aid.
- (b) Services not listed above will be provided when medically necessary upon appropriate pre-authorization through the EPSDT Program.

13. Dental Services

A. A listing of dental services available to recipients age 21 and over is maintained at the central office of the single state agency.

B. Out-of-Hospital Dental Services

A listing of dental services available to Medicaid recipients is maintained at the central office of the single state agency.

C. In-Hospital Care

A listing of dental services available to Medicaid recipients is maintained at the central office of the single state agency.

D. Oral Surgery

A listing of oral surgery dental services available to Medicaid recipients is maintained at the central office the single state agency.

Revision: HCPA-PM-86-20 (BERC)  
September 1986  
State/Territory: Kentucky

Attachment 3.1-B  
Page 1  
OMB No.: 0938-0193

AMOUNT DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP (S): ALL

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The following ambulatory services are provided:

Physician's Services  
Rural Health Clinic  
Outpatient Hospital  
Laboratory and X-Ray  
EPSDT  
Physical Therapy  
Dental  
Hearing  
Vision  
Home Health  
Clinic  
Emergency Hospital  
Transportation  
Nurse-midwife Services  
Hospice Care  
Case Management  
Federally Qualified Health Center Services  
Chiropractic Services

\*Description provided on attachment.

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TN No.: 03-017  
Supersedes  
TN No: 90-11

Approval Date: FEB 20 2004

Effective Date: 10/16/2003

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4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found

B. Dental Services

Kentucky will comply with the requirements in Section 1905 of the Social Security Act relating to medically necessary services to EPSDT recipients. For services beyond the stated limitations or not covered under the Title XIX state plan, the state will determine the medical necessity of the EPSDT services on a case by case basis through prior authorization.

A listing of dental services available to recipients under age 21 is maintained at the central office of the single state agency.

Services not listed will be pre-authorized when medically necessary for EPSDT eligible recipients.

(1) Out of Hospital Dental Services

A listing of dental services available to recipients under age 21 is maintained at the central office of the single state agency.

Services not listed will be pre-authorized when medically necessary for EPSDT eligible recipients.

(4) In Hospital Dental Services

A listing of dental services available to recipients under age 21 is maintained at the central office of the single state agency.

Services not listed will be pre-authorized when medically necessary for EPSDT eligible recipients.

(5) Oral Surgery Dental Services

A listing of oral surgery dental services available to recipients under age 21 is maintained at the central office of the single state agency.

Services not listed will be pre-authorized when medically necessary for EPSDT eligible recipients.

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10. Dental Services

A. A listing of dental services available to Medicaid recipients is maintained at the central office of the single state agency.

B. Out-of-Hospital Dental Services

A listing of dental services available to Medicaid recipients is maintained at the central office of the single state agency.

C. In-Hospital Care

A listing of dental services available to Medicaid recipients is maintained at the central office of the single state agency.

D. Oral Surgery

A listing of oral surgery dental services available to Medicaid recipients is maintained at the central office the single state agency.